BELOIT HEALTH & REHAB CENTER

1905 W HART RD

BELOIT	53511	Phone: (608) 365-2554	<u> </u>	Ownership:	Corporation
Operated from	L/1 To 12/31	Days of Operation:	366	Highest Level License:	Skilled
Operate in Conju	unction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds S	Set Up and St	affed (12/31/04):	152	Title 18 (Medicare) Certified?	Yes
Total Licensed I	Bed Capacity	(12/31/04):	152	Title 19 (Medicaid) Certified?	Yes
Number of Reside	ents on 12/31	./04:	148	Average Daily Census:	149

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (	12/31/04)	Length of Stay (12/31/04)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	37.8
Supp. Home Care-Personal Care	No	Description of Discription				1 - 4 Years	37.2
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	9.5	More Than 4 Years	25.0
Day Services	No	Mental Illness (Org./Psy)	2.7	65 - 74	15.5		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	27.7		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	39.2	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	8.1	Full-Time Equivalent	
Congregate Meals	No	Cancer	2.7			Nursing Staff per 100 Res	idents
Home Delivered Meals	Yes	Fractures	10.1	İ	100.0	(12/31/04)	
Other Meals	No	Cardiovascular	16.2	65 & Over	90.5		
Transportation	No	Cerebrovascular	8.1			RNs	7.4
Referral Service	No	Diabetes	3.4	Gender	%	LPNs	12.7
Other Services	No	Respiratory	9.5			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	47.3	Male	29.1	Aides, & Orderlies	41.8
Mentally Ill	No			Female	70.9		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		
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## Method of Reimbursement

		edicare			edicaio itle 19			Other			Private Pay	2		amily Care			anaged Care	l		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	 5	4.8	139	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	 5	3.4
Skilled Care	26	100.0	300	100	95.2	119	0	0.0	0	17	100.0	181	0	0.0	0	0	0.0	0	143	96.6
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	26	100.0		105	100.0		0	0.0		17	100.0		0	0.0		0	0.0		148	100.0

BELOIT HEALTH & REHAB CENTER

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/04
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	4.4	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		83.1	16.9	148
Other Nursing Homes	0.7	Dressing	8.1		73.0	18.9	148
Acute Care Hospitals	93.4	Transferring	20.9		68.2	10.8	148
Psych. HospMR/DD Facilities	0.0	Toilet Use	16.9		59.5	23.6	148
Rehabilitation Hospitals	0.0	Eating	74.3		16.2	9.5	148
Other Locations	1.5	*******	******	*****	*****	******	*****
Total Number of Admissions	273	Continence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	9.5	Receiving Resp	iratory Care	18.2
Private Home/No Home Health	49.1	Occ/Freq. Incontiner	nt of Bladder	44.6	Receiving Trac	heostomy Care	1.4
Private Home/With Home Health	0.0	Occ/Freq. Incontiner	nt of Bowel	41.9	Receiving Suct	ioning	0.7
Other Nursing Homes	6.3	İ			Receiving Osto	my Care	1.4
Acute Care Hospitals	13.4	Mobility			Receiving Tube	Feeding	4.1
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	27.7
Rehabilitation Hospitals	0.0	<u> </u>				_	
Other Locations	10.4	Skin Care			Other Resident C	haracteristics	
Deaths	20.8	With Pressure Sores		9.5	Have Advance D	irectives	81.8
Total Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	269	İ			Receiving Psyc	hoactive Drugs	58.8

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	100	-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	97.9	88.5	1.11	90.2	1.08	90.5	1.08	88.8	1.10
Current Residents from In-County	91.9	80.0	1.15	82.9	1.11	82.4	1.11	77.4	1.19
Admissions from In-County, Still Residing	18.7	17.8	1.05	19.7	0.95	20.0	0.93	19.4	0.96
Admissions/Average Daily Census	183.2	184.7	0.99	169.5	1.08	156.2	1.17	146.5	1.25
Discharges/Average Daily Census	180.5	188.6	0.96	170.5	1.06	158.4	1.14	148.0	1.22
Discharges To Private Residence/Average Daily Census	88.6	86.2	1.03	77.4	1.14	72.4	1.22	66.9	1.32
Residents Receiving Skilled Care	100	95.3	1.05	95.4	1.05	94.7	1.06	89.9	1.11
Residents Aged 65 and Older	90.5	92.4	0.98	91.4	0.99	91.8	0.99	87.9	1.03
Title 19 (Medicaid) Funded Residents	70.9	62.9	1.13	62.5	1.14	62.7	1.13	66.1	1.07
Private Pay Funded Residents	11.5	20.3	0.57	21.7	0.53	23.3	0.49	20.6	0.56
Developmentally Disabled Residents	0.0	0.9	0.00	0.9	0.00	1.1	0.00	6.0	0.00
Mentally Ill Residents	2.7	31.7	0.09	36.8	0.07	37.3	0.07	33.6	0.08
General Medical Service Residents	47.3	21.2	2.23	19.6	2.41	20.4	2.32	21.1	2.24
Impaired ADL (Mean)	46.1	48.6	0.95	48.8	0.94	48.8	0.94	49.4	0.93
Psychological Problems	58.8	56.4	1.04	57.5	1.02	59.4	0.99	57.7	1.02
Nursing Care Required (Mean)	7.9	6.7	1.18	6.7	1.17	6.9	1.14	7.4	1.06